S. No. 2 -
11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1289

Registration District No. 295 — Primary Registration District No. 1002 — Registrar's No. 219

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital #2 O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community years, months or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL") U

(d) Street No. 2000 Park Avenue (If rural, give location) U

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Ruth Cooper Jennings

3. (b) If veteran, name war No — 3. (c) Social Security No. No

4. Sex Female — 5. Color or race Negro — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Jennings — 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased 12 (Month) 13 (Day) 1915 (Year)

8. AGE: Years 25 — Months 1 — Days 2 — If less than one day ____ hr. ____ min.

9. Birthplace Missouri U (City, town, or county) (State or foreign country)

10. Usual occupation N. Y. A.

11. Industry or business

MOTHER FATHER

12. Name Howard Cooper

13. Birthplace Missouri U (City, town, or county) (State or foreign country)

14. Maiden name Bertha Williams

15. Birthplace Missouri U (City, town, or county) (State or foreign country)

16. (a) Informant Hazel Hancock

(b) Address 2000 Park Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 E 18th St

19. (a) Jan 17, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — *Duration*

Due to Incomplete septic abortion

Due to 140 B

Other conditions n. m. o. (Include pregnancy within 3 months of death)

Major findings: Of operations ____

Of autopsy Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? Don't know (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ____ Means of injury ____

23. Signature ____ (M. D. or other)

Address ____ Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 East 18th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.